

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000052046

FILED
Jan 12, 2011
Secretary of State

Entity Name: ATLANTIC SPINE & PAIN MANAGEMENT, P.A.

Current Principal Place of Business:

1425 HAND AVE. UNIT L
ORMOND BEACH, FL 32174

New Principal Place of Business:

1425 HAND AVENUE
SUITE L
ORMOND BEACH, FL 32174

Current Mailing Address:

1425 HAND AVE. UNIT L
ORMOND BEACH, FL 32174

New Mailing Address:

1425 HAND AVENUE
SUITE L
ORMOND BEACH, FL 32174

FEI Number: 42-1730817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FREE, KEVIN R MD
1205 DRAYCOTT STREET
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FREE, KEVIN R MD
Address: 1205 DRAYCOTT STREET
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN R FREE, MD

PRES

01/12/2011

Electronic Signature of Signing Officer or Director

Date